REPORT ID: WVFA70U0

STATE OF WEST VIRGINIA

02/01/11

PAGE 1 FINANCIAL INFORMATION MANAGEMENT SYSTEM

OFFICE OF THE STATE AUDITOR

15:08:42

GRANT

INVOICE COVER SHEET

AUDITOR ENTRY ID: I 4 11503270 WVFIMS DOCUMENT ID: I 11503270

STATE ORGANIZATION: 0307

STATE ORGANIZATION NAME: WV DEVELOPMENT OFFICE

ORGANIZATION CONTACT: CARL D. SMITH ORGANIZATION ADDRESS: BLDG 6 ROOM 645

CHARLESTON

WV 25305-0000

ORGANIZATION: 0307

ORGANIZATION NAME: WV DEVELOPMENT OFFICE

DATE PREPARED: 01/31/11

DOCUMENT AMOUNT: 1,000,000.00

VENDOR INVOICE NUMBER: 1110420111

AGENCY COMMITMENT: AGENCY DOCUMENT:

SPECIAL AUTHORIZATION: 4

OPEN END CONTRACT NUMBER:

DUE DATE: 02/01/11

SPECIAL HANDLING: Y

VENDOR NUMBER: 558412

VENDOR NAME: OLD WHITE CHARITIES INC

VENDOR ADDRESS: 300 W MAIN ST

WHITE SULPHUR SPRING WV 24986-

CONTACT PERSON/PHONE: ANTHONY WHITE 304-957-2073 EXT:

CASH ADVANCE: N BEGIN TRAVEL: / / END TRAVEL: / /

COMMENTS: 11-104 FIRST PAYMENT CONTRACT ATTACHED

AUTHORIZED SIGNATURE:

APPROVED BY AUDITOR: DATE:

FUND FY ORG ACT OBJ GRANT AMOUNT

0606 2011 0327 096 083 1,000,000.00

TOTAL INVOICE AMOUNT 1,000,000.00



State of West Virginia C/O Mr. Keith Burdette

Greenbrier Classic State Partnership July 26 - August 1, 2010

State Allocated Funds

1,000,000.00

Deposit Due July 1, 2010

1,000,000.00

TOTAL DUE

\$1,000,000.00

Please make check payable to Old White Charities, Inc. Please return one copy of invoice with remittance.

I hereby certify that the items listed hereon have been released and approved for payment.

Rob Booth, Director of Sponsorship Sales The Greenbrier Classic 300 West Main Street White Sulphur Springs, West Virginia 24986

THANK YOU.

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AGREEMENT

Purchase Order #	WVFIMS Account #	0606-2011-0327-096-083
TEAM Vendor #	WVFIMS Vendor #	
LAW Vendor #	VVVI IIVIO VOITAGI II	
Old White Charities Inc 300 W Main St White Sulph	nur Springs WV 24986	Agree to perform the
Following services for Commerce Secretary's	Office at	Greenbrier County
Provide State assistance to the 2010 Greenbrier Class	ssic	-
Date(s) of Service: from July 26,2010	To Au	gust 1, 2010
The rate of pay shall be \$1,000,000.00	Per Invoice	е
Not to exceed \$ 1,000,000.00	For the	entire term of the contract.
NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.		
Discount of the communicate has below		
Please check the appropriate box below: I am not currently a full-time employee of the State of West Virginia;		
	e employee of the Sta	te of West Virginia (complete
Certification below).		
and the second s		
It is hereby certified that the services to be performed under this agreement will not interfere with		
Or detract from the full-time duties of the employee and the amount of annual compensation		
Received by (above named vendor)		
From the State of West Virginia for full-time employment during the current fiscal year will be		
\$_N/A		
The vendor serves as N/A	With the title	e of N/A
(Position) Certified by N/A		
Certified by N/A (Supervisor's Signature)	·	
(Supervisor's Signature)		
APPROVED BY:		
	Vorder Ol	d While Charities Inc
Agency WV Development Office	Verdor	Time Orientes inc
Slette And to	\bigvee	
(Authorized Signature of Agency)		(Vendor's Signature)
Executive Director	/ 271-	569-963
(Title)		(Social Security or FEIN)
/ -3/-// (Date)		(Date)
WV-48 (rev. 07/96)		